

Yes - Owner to
TRC + TSD

Non-Regulated Part A Status - 9
Withdrawal candidate

Regulating as
generator for less than
90 days - withdrawn 5/3/84
(with TEPA approval as storage
facility. Open for possible
inspection)

RA

OK

to
inspect

Bob
Stone

6/11/84

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION	
EPA 03115908		01 STATE IL		02 SITE NUMBER D005229448 0005229448	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) Bee Chemical Company		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 2700 E. 170th Street			
03 CITY Lansing	04 STATE IL	05 ZIP CODE 60438	06 COUNTY Cook	07 COUNTY CODE 031	08 CONG DIST 41
09 COORDINATES LATITUDE _____		LONGITUDE _____			
10 DIRECTIONS TO SITE (Starting from nearest public road) I 80/94 exit Torrence Ave. N 170th St. east to site					
III. RESPONSIBLE PARTIES					
01 OWNER (If known) Bee Chemical Company		02 STREET (Business, mailing, residential) 2700 E. 170th Street			
03 CITY Lansing	04 STATE IL	05 ZIP CODE 60438	06 TELEPHONE NUMBER (312) 474 7000		
07 OPERATOR (If known and different from owner) - Same -		08 STREET (Business, mailing, residential) _____			
09 CITY _____	10 STATE _____	11 ZIP CODE _____	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 8/13/80 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103 G) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 2/20/81-A MONTH DAY YEAR <input type="checkbox"/> NO 1-31-84-C		BY (Check all that apply) <input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Solvents (toxic, volatile, ignitable)					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION groundwater (pop. + env.) fire (env. + pop.) direct contact (pop.)					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input checked="" type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT Bonnie Eleder		02 OF (Agency/Organization) EPA		03 TELEPHONE NUMBER (312) 345-9780	
04 PERSON RESPONSIBLE FOR ASSESSMENT Bonnie Eleder		05 AGENCY EPA		06 ORGANIZATION 312 345-9780	
		07 TELEPHONE NUMBER 312 345-9780		08 DATE 01/31/84 MONTH DAY YEAR	





POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL D00522948

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~29000 04 NARRATIVE DESCRIPTION

potential exists if spill to occur

01 ☒ B SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~29000 04 NARRATIVE DESCRIPTION

potential exists if spill to occur

01 ☐ C CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☒ D FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~29000 04 NARRATIVE DESCRIPTION

01 ☒ E DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~29000 04 NARRATIVE DESCRIPTION

01 ☐ F CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☒ H WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☒ I POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~29000 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL D005229418

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)
03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: ~29,000

IV. COMMENTS

facility does not have a contingency plan addressing steps to follow
if release of waste or fire to occur

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

IEPA Files
Site inspection



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

MEMORANDUM

TO: Division File

DATE: 1-31-84

FROM: B. Eleder

☒ Information onlySUBJECT: ILD005229⁴⁸ Cook County 03115908 Lansing/Bee Chemical☐ Response requested

Attached is the Preliminary Assessment done for the above named site. The priority for inspection assigned to this facility is "med". The facility generates spent solvents, hazardous waste listings F003 and F005. The spent solvent is stored in three 2000 gallon tanks, which are located outside. It is hauled to a reclaimer approximately every week in loads of approximately 5000 gallons. A site interim status standards inspection done on this date revealed "paperwork" violations, but a major lack was that of a contingency plan describing the steps the facility would follow in the case of a fire or release of the waste. The facility is located within a residential area, with homes directly to the east, southeast. A small lake is also located in this area. It is for these reasons that the priority assigned is "med".